

N E D H

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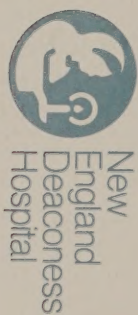
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Laurens MacLure, president (left), and Marvin G. Schorr, chairman.

Our fiscal year which ended on September 29, 1985, was very challenging for NEDH Corp.

We achieved most of our goals—we invested significant time and energy in preparing our hospital for entry into the national Medicare Prospective Payment System (PPS) based on Diagnosis Related Groups (DRGs); we launched an important study of our present and future space requirements; unfortunately, we did not meet our financial goals due to the need to establish large reserves against potential future Medicare liabilities. All three of these items and other highlights of the year just ended are discussed in greater detail below.

Although it initially appeared that NEDH Corp. again would exceed its budgetary targets, we were notified in the fall that Medicare would be imposing a significant additional liability against all Massachusetts hospitals participating in Chapter 372. This liability is based on a comparison of the increase in Massachusetts Medicare payments to the average increase nationally. Preliminary figures for the 1983 and 1984 fiscal years indicate that the state's hospitals exceeded the average by \$100 million, of which New England Deaconess Hospital's share is \$2.9 million.

The estimates of this liability are not final and the actual assessment could be considerably less. However, management decided to charge the entire amount of the hospital's potential liability against the 1985 fiscal year. This will allow us to plan for our continued growth in the coming years and minimize the impact of future assessments. Similar comparisons will be made for the 1985 fiscal year, and the final results covering all three years of

Chapter 372 probably will not be known until the 1988 fiscal year.

Total net revenues—after subtracting free care, contractual adjustments, and bad debts—amounted to \$121,845,321. Expenses totaled \$120,668,155, leaving an excess of revenues over expenses of \$1,177,166. These results, of course, include the \$2.9 million reserved for future Medicare liabilities and also reflect the mandated productivity gains which our hospital was obligated to meet in 1985 under Chapter 372.

These results also reflect our growing determination and ability to manage our expenses, adjusting them to changing revenue forecasts. This ability to manage the expense side of our operations will be critical as hospitals in Massachusetts move from a waived Medicare reimbursement status to the national Prospective Payment System on October 1, 1985.

The national PPS system only applies to Medicare patients, which in our case represent 45 percent of revenues, a figure 10 percent higher than the typical hospital. This is due, we believe, to the referral nature of our patient mix, which tends to emphasize diabetes, coronary disease, and cancer. It is very possible that the state law which controls the balance of our revenues will be replaced with a similar diagnosis-based reimbursement system when it expires in 1987.

The national system was inaugurated three years ago and has had the effect of shortening lengths of hospital stays quite dramatically, as institutions have had to become increasingly more efficient in order to bring expenses related to each diagnosis in line with the fixed reimbursement amount. Since it became clear last spring that Massachusetts

hospitals were going to be brought under the federal Medicare reimbursement program, we have been preparing our medical staff and the many hospital departments affected by the new system.

Meanwhile, the President's tax reform program contains a number of proposals which, if adopted by Congress, will have a negative effect on nonprofit hospitals. Adding further to our financial concerns are several new regulations issued by the Health Care Financing Administration, effective October 1, 1985. These will reduce teaching hospital reimbursement for both direct and indirect medical education costs. Also, they will freeze the DRG reimbursement amounts at last year's level, refusing to recognize any inflationary increases in hospital expenses during the past 12 months.

Given the foregoing factors, we think the outlook is somewhat uncertain, and we will be facing a very difficult 12 months ahead. However, we have taken all the appropriate steps which are necessary to prepare for the challenges outlined above.

Specifically, we have reviewed and revised our corporate strategy with particular emphasis on marketing and on the development of a management information system which will enable us to respond better both to the vagaries of fluctuating demand, a growing emphasis on outpatient treatment, and a changing case mix, and to the need to manage our response to these changes. In addition, we have launched a value improvement program designed to make certain services more efficient, and we have placed renewed emphasis on our patient satisfaction committee to better meet the needs of our patients.

We also received approval for an experimental pancreas transplantation program and a Determination of Need for magnetic resonance imaging (MRI) equipment necessary to establish a center in the Longwood Medical Area for this promising new technology. The center members are Beth Israel Hospital, Brigham and Women's Hospital, The Children's Hospital, and the Deaconess. The development of the Joint Center for MRI among the Longwood hospitals represents another important step in developing joint programs for the benefit of all our patients.

We are pleased to announce the appointment of Glenn D. Steele Jr., M.D., as our new chairman of the Department of Surgery, as of January 1, 1985. Dr. Steele succeeds William V. McDermott Jr., M.D., who will continue as an active member of the department. Dr. Steele has been appointed by Harvard Medical School to the newly established McDermott Chair in Surgery.

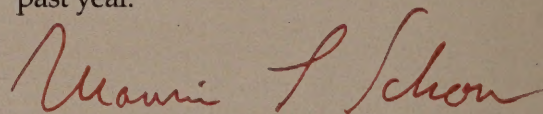
We are also delighted to report the appointment of C. Norman Coleman, M.D., as chairman of the Department of Radiation Therapy and as director of the Joint Center for Radiation Therapy. Dr. Coleman will occupy the Alvan T. and Viola D. Fuller American Cancer Society Chair at Harvard.

Another academic achievement worthy of mention is that our research funding now exceeds \$12 million. The fact that research programs at the Deaconess have grown over the past five years from \$1.5 million to more than \$12 million in the face of very intense competition for grant support is a real tribute to the growing academic stature of our professional staff.

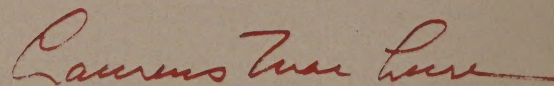
During the past 12 months there were several retirements which deserve comment. Ellen D. Howland, R.N., associate director and director of Nursing; and Lois M. Preston, R.N., associate director of Nursing Service, both retired after serving our hospital and patients for more than 40 years. Also retiring were Margaret Burns, R.N., director of Surgical Services, after 35 years of service; and three longtime members of our medical staff—Robert E. Brownlee, M.D.; John B. McKittrick, M.D.; and Frank C. Wheelock Jr., M.D. They have all worked at the Deaconess for many years with great loyalty to our institution and dedication to the care of our patients during this period. We will miss them very much.

At last year's annual meeting, James F. Farr and Cornelius E. Sedgwick, M.D., retired from the board and were elected honorary directors. Three new directors were added to the board: Frank H. Brenton, president of Marshall's; Richard A. Butler Jr., president of Butler Automatic; and John P. Hamill, president of Shawmut Corporation. We are delighted to have them on the board and will enjoy working with them.

It is a difficult and challenging task to manage a large, urban, referral hospital in today's environment. The financial complexities are significant. Added to this are the changing programmatic and staffing requirements, as well as the necessity to respond to technological advances and a growing competitive atmosphere. This cannot be done successfully without the strong support of our employees, medical staff, directors, and corporators. We wish to thank them—as well as the Friends of the Deaconess and our many volunteers—for their assistance this past year.



Marvin G. Schorr, Chairman



Laurens MacLure, President

September 29, 1985



The past year has been one of transition—with the appointment of new chairmen in two departments—and continuity—with the continuation and expansion of several major programs and efforts.

William V. McDermott Jr., M.D., chairman of the Department of Surgery since 1980 and director of the Deaconess-Harvard Surgical Service since it moved to NEDH in 1973, stepped down from those positions in January. McDermott, who remains an active member of the surgical staff, guided the expansion and improvement of the surgical residency program, established new programs in the department, and spearheaded the initiation of the hospital's liver transplant program and the establishment of the Boston Center for Liver Transplantation.

Glenn D. Steele Jr., M.D., chairman of the Department of Surgery (left), discusses a case with chief surgical resident Farhat Homsy, M.D.



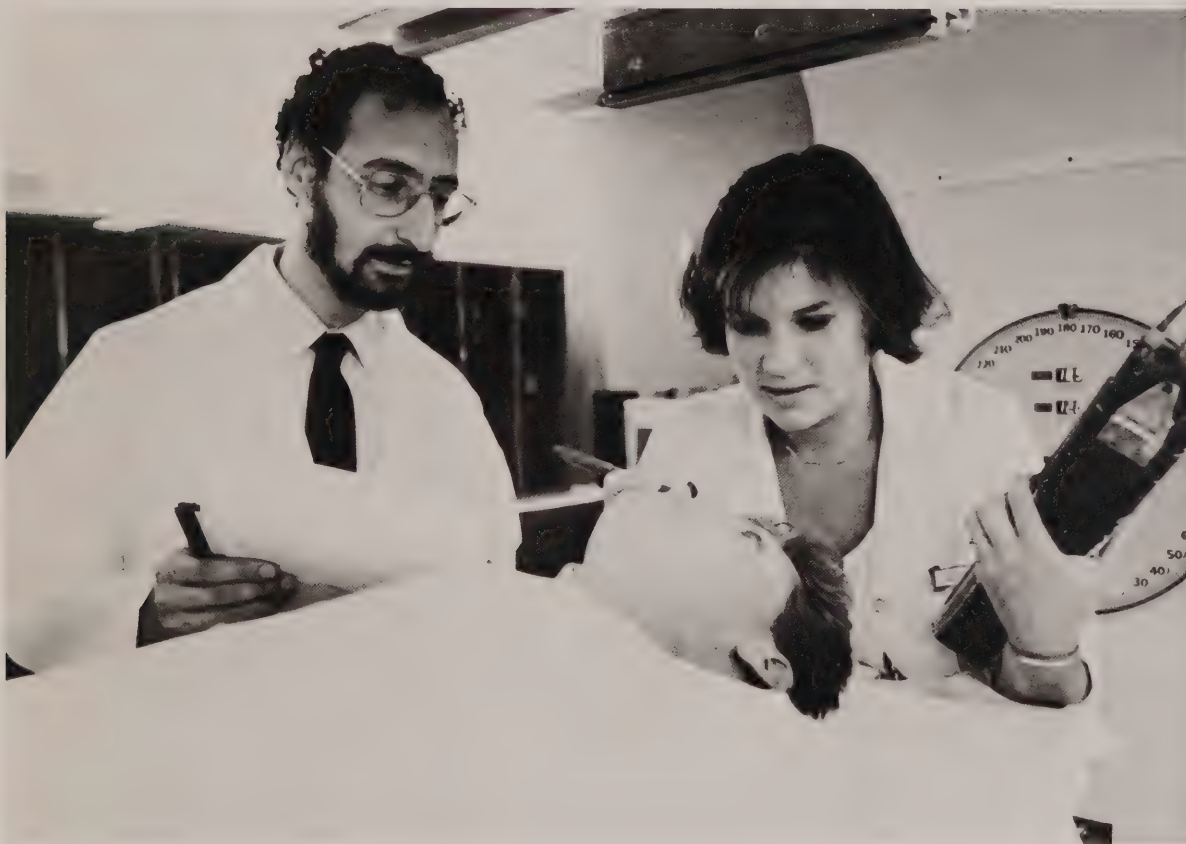
Succeeding McDermott as chairman of both the Department of Surgery and the Deaconess-Harvard Surgical Service is Glenn D. Steele Jr., M.D. A surgical oncologist, Steele had been on the staff of the Brigham and Women's Hospital and continues to be associated with Dana-Farber Cancer Institute. Steele also was named William V. McDermott Professor of Surgery at Harvard Medical School, the first to hold a new chaired professorship established in honor of McDermott.

In July, C. Norman Coleman, M.D., was named director of the Joint Center for Radiation Therapy (JCRT) and chairman of Radiation Therapy at NEDH and the other JCRT institutions. Coleman, who previously held a joint appointment in Radiology and Medicine at Stanford University School of Medicine, also was named Alvan T. and Viola D. Fuller American Cancer Society Professor of Radiation Therapy at Harvard Medical School.

Albert Bothe Jr., M.D., was appointed associate chairman of Surgery and director of the Deaconess-Harvard Surgical Service. Carl S. Hoar Jr., M.D., was named acting chief of vascular surgery, on the retirement of Frank C. Wheelock, M.D.; and Jerome E. Groopman, M.D., was named acting chief of hematology/oncology.

As the most active member of the Boston Center for Liver Transplantation (BCLT), NEDH continued its leadership in liver transplantation under the direction of Roger Jenkins, M.D. The continued success of the program is the result of outstanding cooperation between the Department of Surgery and other clinical departments.

The Department of Anaesthesia provides major support during the complex transplantation procedure, assigning three physicians to each case. The Department of Pathology conducts the intensive testing required before and after the surgery; the department is one of a few facilities in the Northeast offering daily monitoring of levels of the anti-rejection drug cyclosporine. Skilled nursing care in the recovery room, intensive care units, and on



C. Norman Coleman, M.D., chairman of the Department of Radiation Therapy, and Maida Soehl, radiation therapy technologist, prepare a patient for treatment.

the medical/surgical floors is essential to bringing patients through the often difficult recovery period.

In June, the Department of Public Health approved an experimental program in pancreas transplantation in the NEDH division of organ transplantation, directed by Anthony Monaco, M.D. Although this relatively new procedure has had limited effectiveness so far, it is the only known "cure" for diabetes. Along with the clinical program, which will focus on whole-organ grafts, research conducted with the Joslin Diabetes Center will examine the potential benefits of islet cell transplants.

The Department of Medicine continues its major treatment and research efforts directed against Acquired Immune Deficiency Syndrome (AIDS). Jerome Groopman, M.D., and his colleagues in the infectious disease and pulmonary medicine sections have developed

more effective methods of caring for patients with this disease. Clinical trials of experimental antiviral drugs such as interferon and suramin are underway, along with the use of chemotherapy for patients with Kaposi's sarcoma. Support from the Department of Pathology includes studies of the physical, immunologic, and infectious aspects of the disease, and diagnostic tests for the antibody to the HTLV-III virus.

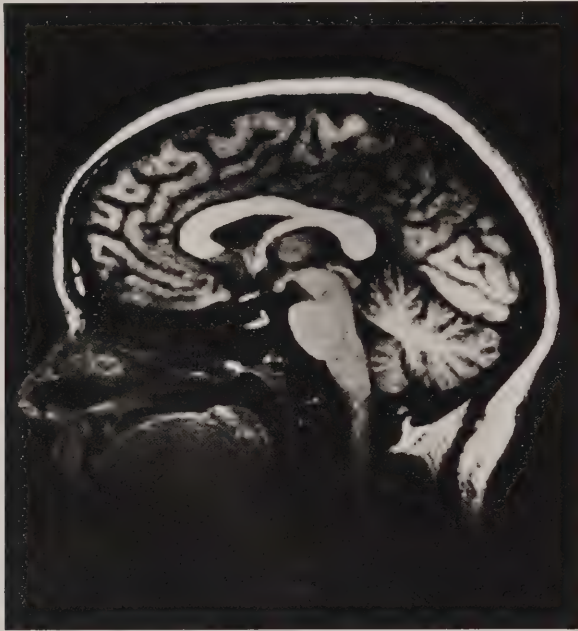
A multidisciplinary program in bone marrow transplantation, established in the Departments of Medicine and Surgery under the direction of Jerome Groopman, M.D., and Peter Benotti, M.D., will work in conjunction with Dana-Farber Cancer Institute.

The Department of Radiology has joined with departments at Beth Israel Hospital, The Children's Hospital, and Brigham and



Z. Myron Falchuk, M.D., gastroenterologist, examines a patient's stomach with gastroscopy, a non-surgical technique that can be done in an outpatient setting.

Magnetic resonance imaging produces highly detailed images of the brain and other organs.



Women's Hospital to form the Joint Center for Magnetic Resonance Imaging (MRI), which received state approval to acquire one of the first MRI units in the state. A diagnostic procedure similar to a CT scan, MRI produces superior images because of its ability to detect subtle differences in tissue chemistry, in addition to differences of structure and density. Installation of the Joint Center's unit, which will be housed at Beth Israel, is expected next summer.

As part of its continuing effort to improve patient safety during surgery, the Department of Anaesthesia added a major new monitoring technique—pulse oximetry—which provides moment-to-moment evaluation of blood oxygen levels.

All departments have contributed to the continuing effort to improve efficiency and control costs throughout the hospital—an effort that will increase in importance with the hospital's entry into the Medicare Prospective Payment System in the coming fiscal year.

A major change in the method of ordering and conducting lab tests was instituted by the Department of Pathology with the cooperation of the attending and house staffs. Instead of ordering standard batteries of tests for

inpatients, physicians now order each test individually, specifying only those that are really necessary. The new system represents improved use of the laboratories' resources with no sacrifice of accuracy or reliability.

Anaesthesia and Surgery have worked together to examine the overall efficiency of operating room utilization and management. Efforts also are directed toward preventing over-utilization of expensive drugs and monitoring procedures, and providing more cost-effective care in coronary bypass surgery and diabetic foot care.

The Department of Medicine's cardiology section purchased equipment for the in-house scanning of Holter tapes, recordings of a patient's cardiac activity over an extended period of time. The system will pay for itself in less than two years and result in eventual savings of \$50,000 per year. A. W. Karchmer, M.D., chief of infectious disease, has worked with the Pharmacy to replace high-cost antibiotics with equivalent, lower-cost medications, saving more than \$150,000 per year.

Research funding at the Deaconess continues the growth pattern of the past few years, from \$8,070,000 in July, 1984, to \$12,284,000 in July, 1985. In addition, more than \$19 million is pending in grant and contract applications from government and private sources.

Private sources continue to provide more than 40 percent of research funding. More than 250 clinical research protocols are currently active.

Several major research grants were received during the year. The National Institute for Arthritis, Diabetes, and Digestive and Kidney Diseases gave support to three research programs. Bruce Bistrian, M.D., received support for a project to develop a more precise liver function test which will improve assessment of liver transplant candidates. George H. A. Clowes Jr., M.D., was awarded a grant for his work studying liver protein synthesis as a predictor of the survival of seriously ill patients. A grant to Melvin Clouse, M.D., will support magnetic resonance imaging studies of the preservation of function in donor livers.

Jerome Groopman, M.D., received a major five-year grant from the National Heart, Lung, and Blood Institute—through the Center for Blood Research—to study transfusion-related AIDS and the spread of the AIDS virus in the heterosexual community. Research findings on AIDS published by Groopman and his colleagues provided further evidence implicating the HTLV-III virus as the probable cause of AIDS; showed that the virus can be found in the saliva and semen of AIDS patients; and found that some people with measurable virus in bodily fluids do not have antibodies that are detectable by current tests.

Other important research papers were published in several areas during the year. The nutrition/metabolism laboratory, under the direction of George Blackburn, M.D., and Bruce Bistrian, M.D., published information on improved formulas for nutritional support of seriously ill patients and evidence that the protein allowances for patients on some very

low calorie diets are inadequate—a finding which should allow the development of safer and more effective weight-reduction programs.

Jack Hawiger, M.D., continued his studies on blood clotting, providing information that will help develop new types of anti-coagulants. Gary Johnson, M.D., and Robert Lees, M.D., published a new method of non-invasively evaluating damage to aortic heart valves. George Eliopoulos, M.D., reported on a new antibiotic, defining its mechanism of action.

The hospital received its second patent this year for a new synthetic vascular graft and a method of using the device to bypass a blocked blood vessel. The system was developed by Peter Madras, M.D. Five additional patent applications are pending.

Deaconess teaching programs continued their record of excellence. The medical residency program, the hospital's largest, added rotations to the Veteran's Administration



Herbert Gramm, M.D., director of the radiology residency program (center), reviews x-rays with residents and fellows.



Blake Cady, M.D., chief of surgical oncology (center), consults with medical and nursing colleagues.

Hospital in Brockton and the Roxbury Comprehensive Community Health Center. In Surgery, additional fellowships in nutrition and oncology were added. A new fellowship in organ transplantation will begin next year. Pathology's new joint medical technology program with New England Baptist Hospital graduated its first class.

Several staff members were honored by their peers during the year. William V. McDermott Jr., M.D., outgoing chairman of Surgery, was elected president of the New England Surgical Society; and F. Henry Ellis Jr., M.D., chief of cardiothoracic surgery, was named president-elect of the Boston Surgical Society.

Robert C. Moellering Jr., M.D., chairman of Medicine, was named editor-in-chief of the journal *Antimicrobial Agents and Chemotherapy* by the American Society for Microbiology. George S. Eisenbarth, M.D., endocrinology, received the Richard E. Weitzman Award from the American Endocrine Society. Jack Hawiger, M.D., director of experimental medicine, was elected vice chairman of the Gordon Research Conference on Hemostasis

for 1986 and chairman for 1987. Hawiger also received the Edward Kowalski Award from the International Congress on Thrombosis and Hemostasis.

Benjamin Gerson, M.D., director of clinical chemistry and immunology, was appointed to the U.S. Food and Drug Administration panel for clinical chemistry and clinical toxicology devices; and Charles Arkin, M.D., director of clinical pathology, was appointed director of the New England Quality Control Program of the Massachusetts Society of Pathologists.

Glenn D. Steele Jr., M.D., chairman of Surgery, was named national chairman of the National Institutes of Health large bowel cancer organ systems project; and Albert Bothe Jr., M.D., associate chairman of Surgery, was elected vice president of the American Society of Parenteral and Enteral Nutrition.

New members of the Department of Medicine include J. Davis Allan, M.D., infectious disease; J. Barclay Adams, M.D., and Allan Brett, M.D., general medicine; William Jensen, M.D., pulmonary medicine; and Samuel Stein, M.D., peripheral vascular disease.

Additions to the Department of Surgery include Menelaos Aliapoulios, M.D., general surgery; and Sharon Bushnell, M.D., a plastic surgeon specializing in surgery for breast cancer and breast reconstruction. Surgeon Richard Rohrer, M.D., joined the division of organ transplantation where he will work on the development of clinical pancreas transplantation.

In the Department of Radiology, Dewey Harrison, M.D., was appointed head of vascular and interventional radiology; William Saunders, M.D., Ph.D., joined the NEDH division of the Joint Center for Radiation Therapy; and Barbara Wolf, M.D., joined the Department of Pathology.



Arnold Center gala

A formal dinner at the Waldorf-Astoria in New York during October raised more than \$3 million toward the William P. Arnold Pain Treatment and Research Center. The Center was formalized at the Deaconess in 1984 and named for the late William P. Arnold, former chairman of the board of Associated Dry Goods Corporation, the parent company of Lord & Taylor, Caldor Inc., Loehmann's Inc., and other retail companies. The Arnold Center conducts research into the physical and psychological components of pain and provides treatment for patients with a variety of pain syndromes.

United Way campaign

Deaconess employees contributed more than \$65,000 to the United Way of Massachusetts Bay's 1984 campaign. This year the hospital joined the United Way Step Up Program by committing to strive for a 15 percent increase in the average employee gift every year for five years, a goal which was met for the 1984 campaign.

Copley Plaza benefit

The Copley Plaza's four resident pianists played a benefit performance—the "Keys of the Copley"—for the Deaconess in December. Two hundred fifty people attended the benefit, which raised \$7,000 for the hospital. The event was organized by a committee chaired by Polly Blakeley and NEDH corporator Paddy Wade.

Home health care subsidiary incorporated

Deaconess Home Health Care Corporation (DHHCC), a new subsidiary of NEDH Corp., was established in December and began operating early in 1985. DHHCC provides patients with durable medical equipment and home therapies such as hyperalimentation; infusion therapies, including parenteral and enteral nutrition, continuous infusion chemotherapy, and intravenous antibiotics; and respiratory therapy. DHHCC coordinates the services—contracting with a commercial vendor to compound solutions and deliver supplies to patients' homes—and may begin compounding solutions in the future.

Paddy Wade (left) and Polly Blakeley chaired the committee in charge of the Copley Plaza benefit.



The Copley Plaza's four resident pianists entertain 250 people at benefit for the Deaconess.



Annual meeting focuses on liver transplantation

The 1985 annual meeting, held at the Museum of Fine Arts in January, included a special film and presentation on the NEDH liver transplant program. Several liver transplant patients and program director Roger Jenkins, M.D., spoke to those attending. Three new directors were elected at the meeting: Frank H. Brenton, Richard A. Butler Jr., and John P. Hamill, who also was named a corporator. Other new corporators were Michael J. Babcock, George H. A. Clowes Jr., M.D., Harold Hestnes, Charles Lee, Henry Russell, J. Dale Sherratt, and R. Gregg Stone. Cornelius E. Sedgwick, M.D., and James F. Farr were named honorary directors.

LMOB motel closed—new office space constructed

The third floor motel rooms in the Lowry Medical Office Building were closed in January to allow for the construction of needed medical office and clinical space. The renovated area, completed in July, houses new offices for the Department of Surgery and General Medical Associates, an affiliated group practice.

Liver transplant consortium completes one year

The Boston Center for Liver Transplantation (BCLT)—consisting of the Deaconess, The Children's Hospital, Massachusetts General Hospital, and New England Medical Center—marked its first anniversary in January. The program, the only one of its kind in the country, performed 28 transplants (13 at NEDH) during its first year, which ended in January 1984. During one five-day period in October 1984, four patients received transplants, two at NEDH and one each at Mass. General and New England Medical Center. If not for the BCLT's multiple transplant teams, this accomplishment would have been impossible.



At the 1985 annual meeting, Ruby Wiles (left) and Edythe Trautz—sisters who received liver transplants at NEDH—chat with Laurens MacLure, hospital president (right), and Roger Jenkins, M.D., director of the liver transplant team.



Anthony Perfetti, maintenance and engineering, installs the Lady of the Lamp window behind the information desk in the renovated Farr Lobby.

Occupational therapist Marilyn Holtzer helps a patient improve hand strength and dexterity after a stroke.

Occupational therapy services offered

Occupational therapy was added to the hospital's existing physical therapy services in March, to help patients improve their functional abilities following illness or injury. Occupational therapy programs include hand therapy, treatment of swallowing problems, the use of splints and other adaptive devices, reorientation for those with post-operative confusion, and training for the activities of daily life.

McDermott honored on his retirement

A reception and dinner were held at the Harvard Club in March to honor William V. McDermott Jr., M.D., who stepped down in January as chairman of the Department of Surgery and director of the Deaconess-Harvard Surgical Service. More than 200 colleagues, residents, family members, and friends attended.

Service Awards Dinner

Almost 600 NEDH employees attended the 30th Annual Service Awards Dinner in April. More than 1,100 employees with five years of service or more were eligible for this year's dinner, at which 14 employees were presented with Awards of Merit for 25 or more years of service.

Phonathon generates funds for appeal

Thirteen volunteers—hospital corporators, trustees, and members of management—called more than 400 potential donors during the first NEDH fund-raising phonathon in April. Their efforts resulted in pledges and contributions of almost \$11,000 toward the hospital's annual appeal.

School of Nursing graduation

The New England Deaconess Hospital School of Nursing celebrated its 87th baccalaureate and commencement exercises in May, awarding diplomas to 64 graduates.



William V. McDermott Jr., M.D., was honored by his colleagues on his retirement as chairman of the Department of Surgery.

NEDH employees enjoy the annual service awards dinner.





School of Nursing students line up for the annual baccalaureate exercises.

Volunteer Margaret Gillis sorts materials donated to the Friends of the Deaconess Thrift Shop.

Howland, Preston honored on their retirement

More than 1,000 NEDH employees, School of Nursing alumnae, and friends attended a July reception to honor Ellen D. Howland, R.N., and Lois M. Preston, R.N. Both women retired during the year, Howland as director of Nursing after 43 years at the Deaconess, and Preston as associate director of Nursing Service with 44 years of service. At the reception, Howland was named Director Emeritus of the School.

Friends of the Deaconess

The Friends of the Deaconess annual gift to the hospital presented at the 1985 annual meeting, will be used to renovate the Patient Service area in the Farr Building. A new Friends-sponsored program this year was the Alice Warren Lectureship, held during Nurse Recognition Week. With their support of the School of Nursing and continuing projects such as the arts and crafts cart, Baker Roof Garden, and oncology unit "Coffee and Conversation" program, the Friends contributed more than \$99,200 to the hospital during the year.

Volunteers

More than 230 volunteers gave 27,000 hours in 53 areas of the hospital this year. Volunteers provide assistance for visually handicapped patients and conduct recreational activities for the Diabetes Treatment Unit and the psychiatric units. They helped with the patient library, in Radiation Therapy and Physical Therapy, and on the nursing units. Their behind-the-scenes activities included compiling accommodation information for out-of-town visitors, escorting patients to the airport, and providing music for chapel services.





NEDH Corp. and Subsidiaries

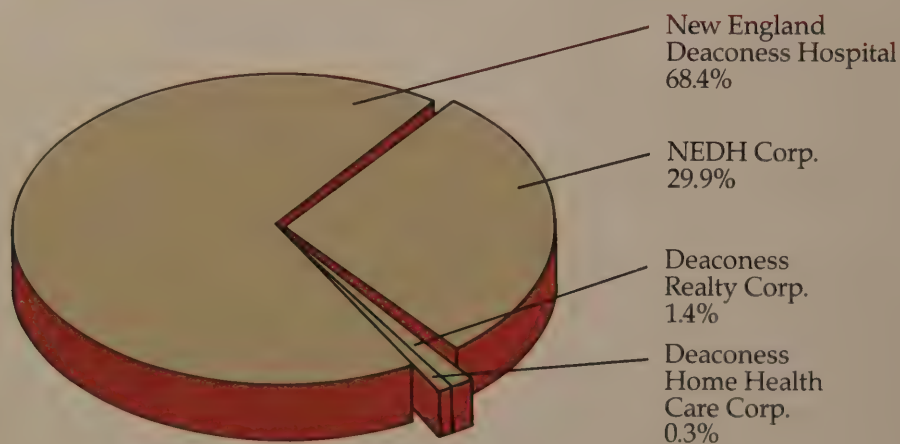
Consolidated Balance Sheets

September 29, 1985 and

September 30, 1984

		\$000	
Assets		FY 1985	FY 1984
Unrestricted Funds:			
	Current Assets	\$ 30,889	\$25,568
	Trustee Designated Assets	14,017	9,498
	Property, Plant & Equipment (Net)	44,071	40,159
	Total	\$ 88,977	\$75,225
Restricted Funds:			
	Special Purpose Funds	\$ 11,452	\$ 7,701
	Endowment Funds	11,583	10,359
	Plant Replacement & Expansion Funds	224	194
	Total	\$ 23,259	\$18,254
	Total Assets	\$112,236	\$93,479
Liabilities			
Unrestricted Funds:			
	Current Liabilities	\$ 23,518	\$16,272
	Deferred Revenue	773	803
	Supplemental Retirement Benefits	1,291	1,394
	Long-Term Debt	15,121	10,577
	Fund Balances	48,274	46,179
	Total	\$ 88,977	\$75,225
Restricted Funds:			
	Fund Balances	\$ 23,259	\$18,254
	Total Liabilities and Fund Balances	\$112,236	\$93,479

Composition of Assets 1985



NEDH Corp. and Subsidiaries

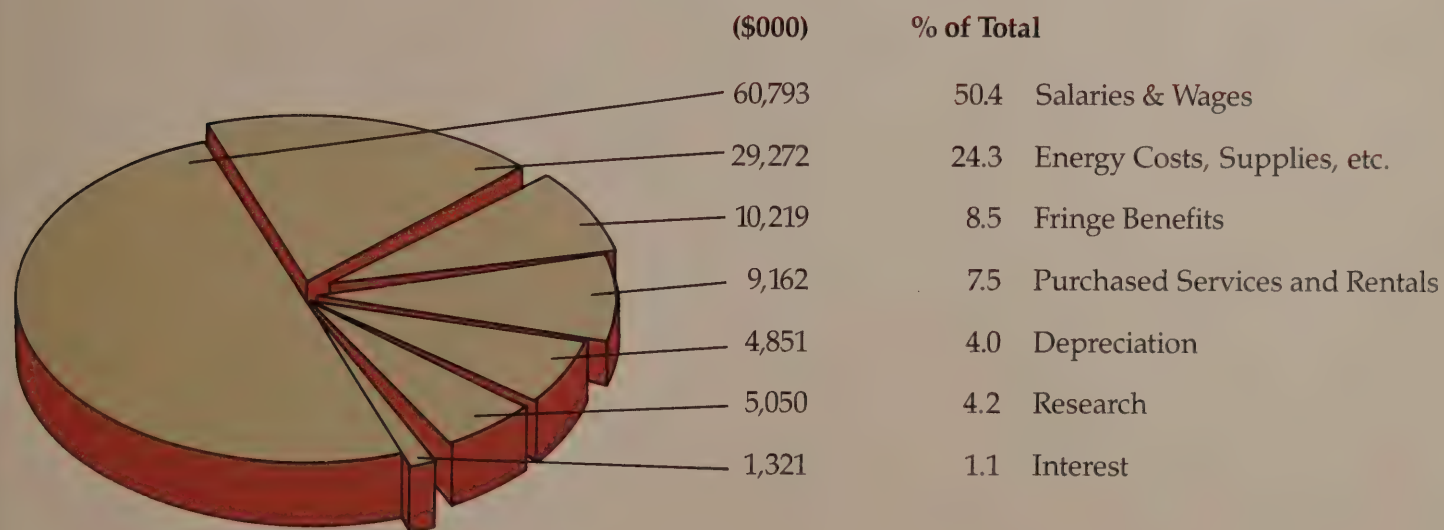
Statement of Revenues and Expenses

For the Fiscal Years Ended

September 29, 1985 and September 30, 1984

		\$000	
		FY 1985	FY 1984
Net Revenues:			
	Patient Care	\$118,609	\$113,159
	Real Estate	1,165	1,065
	Investments, etc.	1,798	1,670
	Unrestricted Contributions	273	247
	Total Net Revenues	\$121,845	\$116,141
Operating Expenses:			
	Patient Care	\$119,687	\$110,223
	Real Estate	829	665
	Other	152	61
	Total Operating Expenses	\$120,668	\$110,949
	Excess of Revenue Over Expenses	\$1,177	\$5,192

Distribution of 1985 Operating Expenses



NEDH Corp. and Subsidiaries

Financial Highlights

Years Ended September 29, 1985 and
September 30, 1984

	\$000				
	Prior Years				
	1985	1984	1983	1982	1981
Net Revenues	\$121,845	\$116,141	\$103,636	\$97,617	\$85,212
Operating Expenses	\$120,668	\$110,949	\$100,796	\$95,840	\$82,946
Excess of Revenue Over Expenses	\$ 1,177	\$ 5,192	\$ 2,840	\$ 1,777	\$ 2,266
Accounts Receivable-Net	\$ 22,333	\$ 18,311	\$ 16,399	\$13,980	\$13,251
Property, Plant & Equipment (Net)	\$ 44,071	\$ 40,159	\$ 38,863	\$38,684	\$36,980
Long-Term Debt	\$ 15,121	\$ 10,577	\$ 11,078	\$11,898	\$12,851
Total Unrestricted Assets	\$ 88,977	\$ 75,225	\$ 68,659	\$63,802	\$62,497

Operating Statistics

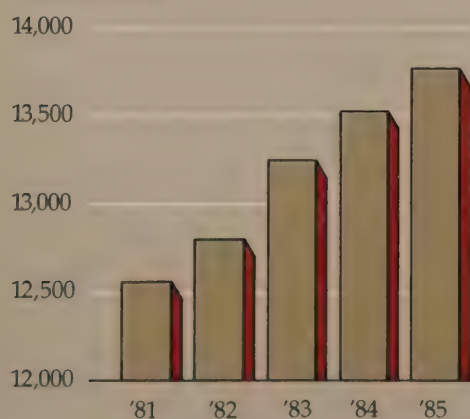
Fiscal Year 1985

Compared to Fiscal Year 1984*

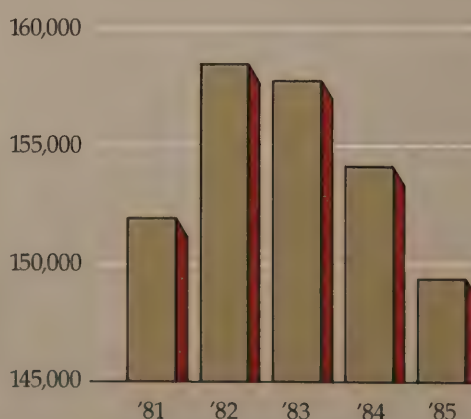
	FY 1985	FY 1984
Occupancy	83.6%	86.5%
Admissions	13,727	13,508
Patient Days	148,749	154,073
Average Daily Census	408.6	423.3
Average Stay (Days)	10.9	11.4
Surgical Procedures	5,880	6,022
Surgical Minutes	1,189,000	1,158,717
Radiological Procedures	66,973	66,482
Radiation Treatments	18,558	19,902
Laboratory Units	41,017,667	32,797,542
Outpatient Visits	52,829	51,534

*FY 1984, a 53-week year, has been restated to 52 weeks for purposes of comparison.

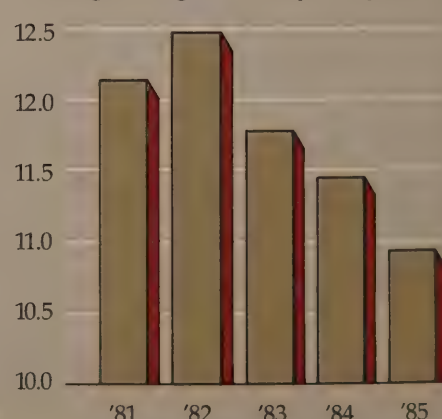
Admissions



Patient Days



Average Length of Stay (Days)





The New England Deaconess Hospital is a 489-bed specialty-referral, tertiary care facility, the third largest hospital in Boston. Its 15-building complex is located in the Longwood Medical Area near its teaching affiliate, the Harvard Medical School, and other health care institutions with which it shares several joint programs, research efforts, and staff.

The hospital serves approximately 14,000 inpatients each year and records more than 50,000 outpatient visits for a variety of medical and surgical needs. Traditionally known for its work in cancer, diabetes, heart disease, and kidney transplantation, the Deaconess has in recent years gained additional recognition for excellence in general medicine and nutritional support, and for its expanding organ transplantation program.

Patients are referred from all over the world to members of the hospital's medical and surgical staffs, composed of specialists from the Deaconess, the Joslin Diabetes Center, the Overholt Thoracic Clinic, and the Joint Center for Radiation Therapy.

The hospital prides itself on providing outstanding medical and surgical services, on the excellence of its medical and nursing staffs, and the talent and dedication of its 3,000 employees. The hospital is known as well for its teaching programs for young physicians, its School of Nursing, and other training programs in the allied health sciences.

Research conducted at the Deaconess includes basic science and clinical research in areas such as: hematology, immunology,

infectious disease, nuclear medicine, nutritional metabolism, oncology, pathology, peripheral vascular disease, pulmonary medicine, radiation therapy, surgical metabolism, and transplantation.

While committed to teaching and research, the hospital's primary mission is patient care. At the Deaconess, the patient always comes first. Deaconess people strive to provide the best possible patient care, combining excellence in medical services with personalized, understanding, and attentive support.

This spirit has prevailed since 1896, when the hospital was founded by a group of deaconesses from the Methodist Church. Seeing a need for skilled and compassionate care of the sick and indigent people of Boston, the deaconesses opened a 14-bed hospital on Massachusetts Avenue. The finest physicians of the day were attracted by the institution's philosophy of patient care, and within 10 years, larger quarters were needed. The hospital moved to its present site in the Longwood area, opening a 50-bed hospital in 1907.

The primary goal of the hospital's founders remains a part of the Deaconess tradition—that caring for, and caring about, patients is our first priority. This philosophy is shared by all members of the Deaconess community: medical staff, nursing staff, employees, volunteers, trustees, corporators, auxiliaries, donors, and many other friends of the hospital.



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